## SCHEDULE B (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor, Pension and Welfare Benefits Administration

## Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, and section 6059(a) of the Internal Revenue Code, referred to as the Code.

This Form Is Open to Public Inspection

OMB No. 1210-0016

► Attach to Forms 5500, 5500-C, 5500-R, or 5500EZ if applicable. Pension Benefit Guaranty Corporation For calendar plan year 1987 or fiscal plan year beginning 19 , 1987, and ending ▶ Please complete every item on this form. If an item does not apply, enter "N/A." Round off amounts to nearest dollar. **Employer identification number** Name of plan sponsor as shown on line 1a of Form 5500, 5500-C, 5500-R, or 5500EZ Enter three-Name of plan Yes digit plan number Has a waiver of a funding deficiency for this plan been approved by the IRS? If "Yes," attach a copy of the IRS approval letter. Is a waived funding deficiency of a prior plan year being amortized in this plan year? . . . . . Have any of the periods of amortization for charges described in Code section 412(b)(2)(B) been extended by IRS? If "Yes," attach a copy of the IRS approval letter. a Was the shortfall funding method the basis for this plan year's funding standard account computations? Is this plan a multiemployer plan which is, for this plan year, in reorganization as described in Code section 418 or ERISA section 4241? If "Yes," you are required to attach the information described in the instructions. If "Yes," attach either a copy of the letter showing IRS approval or state applicable Revenue Procedure authorizing approval if used. Operational information: a Enter most recent actuarial valuation date ▶ Enter date(s) and amount of contributions received this plan year for prior plan years and not previously reported: Current value of the assets accumulated in the plan as of the beginning of the plan year Present value of vested benefits as of the beginning of the plan year: (i) For retired participants and beneficiaries receiving payments (ii) For other participants Present value of nonvested accrued benefits as of the beginning of the plan year Number of persons covered (included in the most recent actuarial valuation): (i) Active participants . . . . . . . . . . (ii) Terminated participants with vested benefits . . . (iii) Retired participants and beneficiaries of deceased participants Contributions made to the plan for the plan year by employer(s) and employees: (c) Amount paid (c) Amount paid (a) (b) Amount paid (a) Amount paid Month Year Month Year by employees by employees by employer by employer Total Statement by Enrolled Actuary (see instructions before signing): To the best of my knowledge, the information supplied in this schedule and on the accompanying statement, if any, is complete and accurate, and in my opinion the assumptions used in the aggregate (a) are reasonably related to the experience of the plan and to reasonable expectations, and (b) represent my best estimate of anticipated experience under the plan. Signature of actuary Date Print or type name of actuary Enrollment number

Name and address

Telephone number (including area code)

Sched	ule B	(Form 5500) 1987								Page 2	
8	Funding standard account and other information:										
	а	Accrued liabilities as determine									
	b Value of assets as determined for funding standard account as of (enter date)										
	C	Unfunded liability for spread-ga						i			
	d (i) Actuarial gains or (losses) for period ending (ii) Shortfall gains or (losses) for period ending										
	e Amount of contribution certified by the actuary as necessary to reduce the funding deficiency to zero, from 9m or 10h (or the attachment for 4b if required)										
9	Fu							1///			
•	Funding standard account statement for this plan year ending ►  Charges to funding standard account:										
	a Prior year funding deficiency, if any										
	<b>b</b> Employer's normal cost for plan year as of mo day yr										
	c Amortization charges  (i) Funding waivers (outstanding balance as of mo day yr > \$)										
	_	(ii) Other than waivers (outstanding balance as of mo day yr > \$  Interest as applicable to the end of the plan year on a, b, and c									
	d	1.1									
	e Total charges (add a through d)										
	f	Prior year credit balance, if any						[			
	g	Employer contributions (total fr									
	h Amortization credits (outstanding balance as of mo dayyr ▶ \$										
	i Interest as applicable to end of plan year on f, g, and h										
	j	Other (specify)							<del></del> *		
	k	Total credits (add f through j)									
	Ва	ance: Credit balance: if k is greater th	an a enter th	e difference				, , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	m	Funding deficiency: if e is great	ter than k, ente	er the differen	ce	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
10	Alte	Alternative minimum funding standard account (omit if not used):									
	а	Was the entry age normal cost	method used t	o determine e	ntries in item	9 above	?		└ Yes	☐ No	
	If "No," do not complete b through h.  b Prior year alternate funding deficiency, if any										
	b										
	C	Normal cost									
	_	d Excess, if any, of value of accrued benefits over market value of assets									
	f	Employer contributions (total f									
	g	Interest on f		·							
	<b>h</b> Funding deficiency: if the sum of b through e is greater than the sum of f and g, enter difference										
11	Actuarial cost method used as the basis for this plan year's funding standard account computation:  a Attained age normal b Entry age normal c Accrued benefit (unit credit)										
	a ☐ Attained age normal b ☐ Entry age normal c ☐ Accrued be d ☐ Aggregate e ☐ Frozen initial liability f ☐ Individual le									uit)	
	g	Other (specify)	·						•		
12	Checklist of certain actuarial A Used for item 6d and e— B Used for item 8								8, 9 or 10-	_	
	-	umptions:		lue of accrue				ınding standa			
	а	Rates specified in insurance		etirement	Post-reti			etirement		tirement	
		or annuity contracts	Yes	No	Yes	No	Yes	No	Yes	No	
	b	Mortality table code:					<i>/////////////////////////////////////</i>				
		(i) Males	4								
	С	(ii) Females		%		%		%		%	
	d	Retirement age									
	e	Expense loading		%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		%	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	f	Annual withdrawal rate:	Male	Female			Male	Female			
		(i) Age 25	%	% %			% %	% %	<u> </u>		
		(ii) Age 40	%	% %			% %	<del>%</del>			
		(iii) Age 55							<b>X</b> ////////////////////////////////////		
	g	Ratio of salary at normal retirement to salary at:									
		(i) Age 25					%	%	<b>V</b>		
		(ii) Age 40					%	%	<b>V</b>		
		(iii) Age 55					%	%	<i>VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</i>		
	h	Is a statement of actuarial ass	sumptions, act	uarial funding	method, etc	., attacl	ned?		Yes	No	